



Butler County Sheriff's Office

Criminal Investigations Division

Detective Daniel Turner #1805

Offense Number: 2019-05-0470

Date: 05-21-2019

Complainant: David Lierer

Address of Incident: Reily Township

Offense: Unauthorized Use of property

Investigation report prepared by Detective Turner #1805

On May 21st 2019, Detective Sergeant Whitlock and I began an investigation on _____ following a complaint from David Lierer, a former Reily Township employee, in reference to misuse of Township property. Mr. Lierer alleged that _____, a current Reily Township Trustee and _____, was using Township fuel in his personal vehicle. Mr. Lierer provided the Sheriff's Office with a photo of what appears to be _____ and his personal truck, parked by the Reily Township Fuel pumps, pumping gas.

Upon speaking to Mr. Lierer, he advised us that the Township fuel pumps are easily accessed by turning on a light switch located in a barn by the pump. He further stated that he has personally witnessed _____ pump gas into his personal vehicle over the past three years. On November 13th 2018, Mr. Lierer

drove by the pumps and witnessed pumping gas into his personal truck. Mr. Lierer took a photo of the act. Mr. Lierer advised us that sometime during 2008 or 2009, during an extended power outage due to a hurricane, allowed him to pump approximately five gallons of fuel into his personal vehicle. Mr. Lierer took his complaint to another Reily Township Trustee, Tim Miller, in January of 2019. Mr. Miller advised him that some kind of proof would need to be obtained before anything could be done.

Sergeant Whitlock and I made contact with at the Reily Township Fire House. We advised him of the complaint that had been brought against him. Without hesitation, he admitted that over the past 38 years, he has used Township fuel in his personal vehicles. He stated that any time he uses his personal vehicle for Township purposes, he reimburses himself by adding no more than five gallons of fuel into his vehicle. stated that it is a common practice and that he has done it for 38 years and did it as little as two weeks ago in order to haul an extractor. He advised us that he estimates that he has put fuel in his personal vehicle 10 times per year over the last 38 years. He stated that about two and a half years ago, the Township purchased a Fire Command vehicle for him and that his personal vehicle usage has gone down dramatically. I did provide us with a written statement explaining his usage of the Township fuel.

We next spoke to Tim Miller, a Reily Township Trustee. He advised us that does haul a lot of things for the Township in his personal truck and that he does not see a problem with him being reimbursed with Township fuel. He advised us that Mr. Lierer did tell him about the issue but there was no proof. Mr. Miller noticed that the Township fuel usage was increasing and that he pushed for better regulation of the Township fuel, resulting in a new pump and a new fuel tracking policy. Mr. Miller advised us that he has never used Township fuel in his personal vehicle.

Finally, we spoke to Nicholas Schwab, a Reily Township Trustee and fire fighter. He advised us that he has never personally used Township fuel in his personal vehicle and is not aware of anyone else doing it, to include ..

None of the Trustees were able to provide us with a policy on how the Township is to handle fuel reimbursements. They advised us that they saw no problem in the way that _____ was being compensated for the use of his personal vehicle during Township usage.

Detective Daniel Turner

Butler County Sheriff's Office

Criminal Investigations Division

AGENCY NAME BUTLER CO. SHERIFF'S OFFICE				*INCIDENT NUMBER 2019-05-0470			
CALL NUMBER 19-096042		*GEOCODE 05		*CLEARANCES A <input type="checkbox"/> Death of Suspect G <input type="checkbox"/> Arrest - Juvenile B <input type="checkbox"/> Prosecution Declined H <input type="checkbox"/> Warrant issued C <input type="checkbox"/> Extradition Denied I <input type="checkbox"/> Invest. Pending D <input type="checkbox"/> Victim Refused to Coop. J <input type="checkbox"/> Closed E <input type="checkbox"/> Juvenile/No Custody K <input type="checkbox"/> Unfounded F <input type="checkbox"/> Arrest - Adult U <input type="checkbox"/> Unknown			
TOD 08:01:17 TOA 08:01:17 TOG 11:00:00		<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE					
OHIO UNIFORM INCIDENT REPORT PART 1							
MONTH DAY YEAR TIME 05 22 2019 08:01:00		MONTH DAY YEAR TIME 01 01 2019 07:00:00		MONTH DAY YEAR TIME 05 21 2019 11:00:00			
INCIDENT LOCATION (Street, Apt., City, State, Zip) 6376 REILY PEORIA Road REILY TOWNSHIP OH 54056-							
*OFFENSE 1 Unauthorized Use Of Property - General		*OFFENSE CODE 291304A		*A/C F/M & DEGREE A M 4		*HATE/BIAS *LARCENY *TYPE CRIMINAL ACTIVITY 1. 2. 3. (Enter up to three for each offense) B- BUYING/RECEIVING C- CULTIVATING/MFG./PUB. D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN O- OPER/PROMOTING/ASSIST. P- POSSESSING/CONCEALING T- TRANSP/TRANSMITTING U- USING/CONSUMING G- OTHER GANG ACTIVITY N- NO GANG ACTIVITY	
*LOCATION OF OFFENSE (Enter up to two) 1 07 2 12 Jail/Prison RETAIL 41 Factory/Milit/Plant 13 Parking Garage 26 Bar 42 Other Building 14 Other Public Access Buildings 27 Buy/Sell/Trade Shop RESIDENTIAL STRUCTURE 28 Restaurant OUTSIDE 01 Single Family Home 29 Gas Station 43 Yard 02 Multiple Dwelling 30 Auto Sales Lot 44 Construction Site 03 Residential Facility 31 Jewelry Store 45 Lake/Waterway 04 Other Residential 32 Clothing Store 46 Field/Woods 05 Garage/Shed 33 Drugstore 47 Street PUBLIC ACCESS BLDGS. 34 Liquor Store 48 Parking Lot 06 Transit Facility 35 Shopping Mall 49 Park/Playground 07 Government Office 36 Sporting Goods 50 Cemetery 08 School 37 Grocery/Supermarket 51 Public Transit Vehicle 09 College 38 Variety/Convenience 52 Other Outside Location 10 Church 39 Department Store 11 Hospital 40 Other Retail Store 77 Other							
*METHOD OF ENTRY 1 <input type="checkbox"/> FORCE 2 <input checked="" type="checkbox"/> NO FORCE *NO. PREMISES ENTERED				*METHOD OF ENTRY - MOTOR VEHICLE THEFT 01 <input type="checkbox"/> Motor Running/Keys in Car 06 <input type="checkbox"/> Hot Wire 02 <input type="checkbox"/> Unlocked 07 <input type="checkbox"/> Slim Jim/Coat Hanger 03 <input type="checkbox"/> Duplicate Key Used 08 <input type="checkbox"/> Tumblers Removed 04 <input type="checkbox"/> Window Broken 09 <input type="checkbox"/> Column Peeled 05 <input type="checkbox"/> Towed 10 <input type="checkbox"/> Ignition Peeled			
METHODS OF OPERATION 1 <input type="checkbox"/> FORCE 2 <input checked="" type="checkbox"/> NO FORCE *NO. PREMISES ENTERED				*METHOD OF ENTRY - BURGLARY/B&E ENTRY EXIT ENTRY EXIT ENTRY EXIT 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 2 <input type="checkbox"/> 1ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 4 <input type="checkbox"/> ROOF <input type="checkbox"/> 3 <input type="checkbox"/> 2ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>			
*VICTIM INFORMATION *NO. VICTIMS 11 *TOTAL VICTIMS 11 *VICTIM TYPE 1 <input type="checkbox"/> INDIVIDUAL F <input type="checkbox"/> FINANCIAL INSTITUTION P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) S <input type="checkbox"/> SOCIETY O <input type="checkbox"/> OTHER B <input type="checkbox"/> BUSINESS G <input checked="" type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS ORGANIZATION U <input type="checkbox"/> UNKNOWN NAME (Last, First, Middle) Society ADDRESS (Street, Apt., City, State, Zip) PHONE EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE *AGE/DOB *SEX *RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> U ETHNICITY HGT WGT HAIR EYES OCCUPATION SSN *RESIDENT 1 <input type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN							
*VICTIM INFORMATION *VICTIM INJURED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N IF INJURED, DESCRIBE INJURIES: *AGG. ASSAULT/HOMICIDE CIRC. *VICTIM/SUSPECT RELATIONSHIP *VICTIM/OFFENSE LINK 0. 1. 2. 3. 4. 5.							
My signature verifies that the information on this report is accurate and true DATE REPORTING OFFICER TURNER DANIEL DEWAYNE APPROVING OFFICER ROSSER JASON DORSEY FOLLOW-UP? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, follow-up: TURNER Assignment:							
ADDITIONAL SUPPLEMENTS <input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> PROPERTY <input type="checkbox"/> STATEMENTS FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE SPECIAL COPIES <input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> NARRATIVE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS							

OHIO UNIFORM INCIDENT REPORT PART 2

INCIDENT NUMBER 2019-015-0470		INCIDENT DATE AND TIME 01/15/2019 07:40:00											
PRIEE	NO. 1	NAME (Last, First, Middle) LIERER David	AGE/ D.O.B.										
	ADDRESS (Street, Apt., City, State, Zip)		SSN										
	PHONE 513-814-3030												
VEHICLE	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE										
	STATEMENTS OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER												
	CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTHORIZED USE <input type="checkbox"/> ABANDONED												
VEHICLE	NO.	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN						
	<input type="checkbox"/> THEFT FROM VEHICLE												
	VYR	VMA	VMO	VST	VCO TOP BOTTOM	VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N						
	HOLD VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N		RELEASE <input type="checkbox"/> Y <input type="checkbox"/> N		CONTENTS <input type="checkbox"/> Y <input type="checkbox"/> N								
	VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO.		VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N BY								
	OWNERSHIP VERIFIED BY:		TAG RECEIPT <input type="checkbox"/>		TITLE <input type="checkbox"/>								
	BILL OF SALE <input type="checkbox"/>		OTHER <input type="checkbox"/>										
	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N		WHERE RECOVERED?										
	AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip)		PHONE										
	MOTOR VEHICLE NO. RECOVERED DATE REC.		STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N										
TOTAL VALUE \$0.00													
VEHICLE	QUANTITY	DESCRIPTION											
	VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED								
	RELATED OFFENSE	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER									
	QUANTITY	DESCRIPTION											
	VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED								
	RELATED OFFENSE	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER									
	QUANTITY	DESCRIPTION											
	VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED								
	RELATED OFFENSE	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER									
	QUANTITY	DESCRIPTION											
VEHICLE	VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED								
	RELATED OFFENSE	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER									
	QUANTITY	DESCRIPTION											
	VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED								
	RELATED OFFENSE	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER									
	QUANTITY	DESCRIPTION											
	VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED								
	RELATED OFFENSE	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER									
	QUANTITY	DESCRIPTION											
	VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED								
VEHICLE	RELATED OFFENSE	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER									
	QUANTITY	DESCRIPTION											
	VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED								
	RELATED OFFENSE	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER									
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	VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED								
	RELATED OFFENSE	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER									
	QUANTITY	DESCRIPTION											
	VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED								
	RELATED OFFENSE	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER									
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> PROPERTY CODES: EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 07 Other Documents </td> <td style="vertical-align: top;"> VALUABLES 08 Jewelry/Precious Metals 09 Art Objects, Antiques 10 Other Valuables PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items </td> <td style="vertical-align: top;"> EQUIPMENT 15 Drug/Narcotic Equip. 16 Gambling Equipment 17 Computer Hardware/Soft 18 Office Equipment 19 Stereo TV Equip. 20 Recordings-Audio Visual 21 Sports Equipment 22 Photographic Equipment 23 Farm Equipment 24 Heavy Construction/Industrial 25 Building Supplies-Const. </td> <td style="vertical-align: top;"> 26 Tools 27 Vehicle Parts/Accessories 28 School Supplies 29 Other Equipment CONSUMABLE ITEMS 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods ANIMALS 33 Livestock 34 Household Pets </td> <td style="vertical-align: top;"> VEHICLES 35 Aircraft 36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Vehicle 43 Other Motor Vehicle WEAPONS 44 Firearms 45 Other Weapons </td> <td style="vertical-align: top;"> STRUCTURES 46 Single Occupancy 47 Other Dwellings 48 Commercial/Business 49 Indus./Mfg. 50 Public/Community 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory </td> </tr> </table>								PROPERTY CODES: EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 07 Other Documents	VALUABLES 08 Jewelry/Precious Metals 09 Art Objects, Antiques 10 Other Valuables PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items	EQUIPMENT 15 Drug/Narcotic Equip. 16 Gambling Equipment 17 Computer Hardware/Soft 18 Office Equipment 19 Stereo TV Equip. 20 Recordings-Audio Visual 21 Sports Equipment 22 Photographic Equipment 23 Farm Equipment 24 Heavy Construction/Industrial 25 Building Supplies-Const.	26 Tools 27 Vehicle Parts/Accessories 28 School Supplies 29 Other Equipment CONSUMABLE ITEMS 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods ANIMALS 33 Livestock 34 Household Pets	VEHICLES 35 Aircraft 36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Vehicle 43 Other Motor Vehicle WEAPONS 44 Firearms 45 Other Weapons	STRUCTURES 46 Single Occupancy 47 Other Dwellings 48 Commercial/Business 49 Indus./Mfg. 50 Public/Community 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory
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<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <p>*****</p> <p>*****</p> </div> <div style="width: 80%;"> <p>NARRATIVE</p> </div> </div>													

INCIDENT NUMBER 2019-05-0470

INCIDENT DATE AND TIME

117

43

2019

07:00-00

STATEMENT OF FACTS

On May 21st 2019 the Butler County Sheriff's Office received a complaint from David Lierer, an ex Reily Township employee. Mr. Lierer advised that a current Reily Township employee was misusing Township property.

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NG CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED		
C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN		

PORTING OFFICER TURNER DANIEL DEWAYNE

BADGE NO. 1805

DATE _____

APPROVING OFFICER ROSSER JASON DORSEY

BADGE NO. 1192

DATE _____